

10/795,898

## CLAIMS AS FILED - PART I

|                                  |              | (Column 1)   | (Column 2)               |
|----------------------------------|--------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 9            |              |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA |                          |
| TOTAL CHARGEABLE CLAIMS          | 9            | minus 20 =   | 8                        |
| INDEPENDENT CLAIMS               | 9            | minus 3 =    | 6                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |              |              | <input type="checkbox"/> |

If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|  |             | (Column 1)                                | (Column 2)                                  | (Column 3)               |
|--|-------------|---|---|--------------------------|
| AMENDMENT A                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|  | Total       | 9   | Minus                                       | 20                       |
|  | Independent | 2   | Minus                                       | 3                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |   | <input type="checkbox"/> |

|  |             | (Column 1)                                | (Column 2)                                  | (Column 3)               |
|--|-------------|---|---|--------------------------|
| AMENDMENT B                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|  | Total       | Minus                                     | 20  | =                        |
|  | Independent | Minus                                     | 3   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |   | <input type="checkbox"/> |

|  |             | (Column 1)                                | (Column 2)                                  | (Column 3)               |
|--|-------------|---|---|--------------------------|
| AMENDMENT C                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|  | Total       | Minus                                     | 20  | =                        |
|  | Independent | Minus                                     | 3   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |   | <input type="checkbox"/> |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.